## APPLICATION DATA SHEET

APPLICATION INFORMATION

REGULAR Application Type:: UTILITY Subject Matter:: NONE CD-ROM or CD-R?::

SHAFT AND MANUFACTURING Title::

METHOD THEREOF

243317US3 Attorney Docket Number::

Total Drawing Sheets::

NO Small Entity?::

INVENTOR INFORMATION

INVENTOR Applicant Authority Type:: Primary Citizenship Country:: Japan

FULL CAPACITY Status::

Kazuvuki Given Name:: **ICHIKAWA** Family Name:: Okazaki-shi City of Residence::

Japan Country of Residence::

C/O TOYODA KOKI KABUSHIKI KAISHA, Street of Mailing Address::

1-1, Asahi-machi Kariva-shi City of Mailing Address:: State or Province of Mailing Address:: Aichi-ken

Japan Country of Mailing Address:: INVENTOR Applicant Authority Type::

Primary Citizenship Country:: Japan

FULL CAPACITY

Status:: Tomonori Given Name:: OHWAKI Family Name:: Kariva-shi City of Residence:: Japan

Country of Residence:: C/O TOYODA KOKI KABUSHIKI KAISHA. Street of Mailing Address::

1-1. Asahi-machi Kariya-shi

City of Mailing Address:: State or Province of Mailing Address:: Aichi-ken Country of Mailing Address:: Japan

INVENTOR Applicant Authority Type:: Japan Primary Citizenship Country::

**FULL CAPACITY** Status::

Hiroki Given Name:: YAMATO Family Name:: Kariya-shi City of Residence:: Japan

Country of Residence:: c/o TOYODA KOKI KABUSHIKI KAISHA. Street of Mailing Address::

1-1, Asahi-machi

Kariya-shi City of Mailing Address:: State or Province of Mailing Address:: Aichi-ken Japan Country of Mailing Address::

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

FOREIGN PRIORITY INFORMATION

FOREIGN PRIORITY INFORMATION			Priority Claimed::
Application Number:	Country::	Filing Date::	
2002-286481	Japan	09/30/02	YES

## ASSIGNMENT INFORMATION

TOYODA KOKI KABUSHIKI KAISHA Assignee Name:: 1-1, Asahi-machi,

Street of Mailing Address:: Kariva-shi City of Mailing Address:: State or Province of Mailing Address:: Aichi-ken Japan

Country of Mailing Address::